

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001139

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2m Registrar's No. 2

**FILED JAN 8 1963**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
Length of stay in 1b <b>13 YRS.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BURGE HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>544 E. CRESTVIEW</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>DAVID</b> Middle <b>T.</b> Last <b>INGRAM</b>		4. DATE OF DEATH Month <b>JAN.</b> Day <b>1</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/21/93</b>
9. AGE (last birthday) <b>69</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FORD MOTOR CO. INDUSTRIAL RELATIONS BROWNWOOD, TEXAS</b>	
11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>JOHN INGRAM</b>		13b. MOTHER'S MAIDEN NAME <b>MARY LEWIS</b>	
14. NAME OF HUSBAND OR WIFE <b>IRENE INGRAM</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no or unknown) (If yes, give war or dates of) <b>YES W.W. # 1</b>	
16. SOCIAL SECURITY NO. <b>6</b>		17. INFORMANT <b>IRENE INGRAM, SPRINGFIELD, MO.</b>	

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cor. insufficiency &amp; decompensation</b> Due to (b) <b>Ischemic atherosclerosis</b> Due to (c) <b>over 22 yrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART-II of item 18.)
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20c. TIME OF INJURY Hour <b>9:30</b> a.m. <b>p.m.</b> Month, Day, Year <b>10-17-54</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Springfield, Mo.</b>	COUNTY <b>Greene</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>10-17-54</b> to <b>Death</b> and last saw her him alive on <b>1-1-63</b> Death occurred at <b>9:30 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Dr. W. Johnson</b> (Degree or title)	22b. ADDRESS <b>Springfield, Mo.</b>	22c. DATE SIGNED <b>1-7-63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2/4/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>U.S. NATIONAL CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
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24. FUNERAL DIRECTOR <b>H.H. LOHMEYER FUNERAL HOME</b> <b>SPRINGFIELD, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>1-7-63</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59  
**6397**  
**6397**  
**3**  
**4 0**  
**5 1**  
**6**  
**7 1**  
**8 2**  
**9 023X**  
**10**  
**11**  
**12 1-0**  
**13**

JAN 15 1963

JAN 15 1963

Permit 1-2-63

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leuro T. Shadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.